**Referral Proforma for urgent advice or guidance from Paediatric Cardiology**

This form is designed for inpatients or seeking urgent advice from our on-call teams. Outpatients and non-urgent referrals should follow the standard [outpatient referral pathway](https://www.northwestchdnetwork.nhs.uk/wp-content/uploads/2021/05/NWCHDN_21_Paediatric_Cardiology_Outpatient_Referral_Guideline_FINAL_26-04-21.pdf). For patients known to cardiology their lead centre should be contacted for advice. This form should also be used for patients requiring transfer to the L1 or L2 centre.

Please complete form in full and send any supporting documents, ie. ECG, holter etc.

Please be aware that overnight the on call team are non-resident and will deal with non-urgent enquires after 9am the following day.

**Level 1 centre Alder Hey Children’s Hospital**

Send to ahc-tr.cardreg@nhs.net before bleeping on-call registrar on 369 via switch 0151 228 4811

**Level 2 centre Royal Manchester Children’s Hospital**

Send to mft.rmch@nhs.net before bleeping on-call registrar via switch 0161 276 1234

**Patient Demographics**

|  |  |
| --- | --- |
| Name: | DOB: |
| NHS number: | AH or RMCH number (if available): |
| GP: | Parents name and contact numbers: |
| Address: |

**Details of referring team**

|  |  |
| --- | --- |
| Your Name: | Contact details: |
| Hospital: | Local lead cons: |

**Clinical Details**

|  |  |  |
| --- | --- | --- |
| Reason for call: | Referral [ ]  | Advice: [ ]  |
| Question: |  |
| Presenting complaint: |  |

|  |  |
| --- | --- |
| PMH and FH: |  |
| Medications: |  |
| Examination: |  |
| Investigations: |  |

**Advice given / Outcome**

|  |  |  |
| --- | --- | --- |
| Date/Time: | SpR/Cons | Advice/Outcome |
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